(573) 751-3504 P.O. BOX 480 JEFFERSON CITY, MISSOURI 65102

INSTRUCTIONS ► IF YOU HAVE RECEIVED A MISSOURI CERTIFICATE OF HIGH SCHOOL EQUIVALENCE AND NEED AN ADDITIONAL TRANSCRIPT(S), YOU MUST COMPLETE AND RETURN THIS FORM WITH A PAYMENT OF \$2.00 FOR EACH TRANSCRIPT. THE TRANSCRIPT(S) WILL **NOT** BE SENT UNLESS THE \$2.00 HAS BEEN ENCLOSED.

TRANSCRIPT. THE TRANSCRIPT(S) WILL NOT BE SENT UNLE	SS TI	HE \$2.00 HAS BEEN ENCLO	SED.	
IF A SEARCH IS MADE AND NO RECORD IS FOUND, THE FEE	WILL	L NOT BE REFUNDED.		
WE CANNOT PROCESS YOUR REQUEST UNLESS YOU HAV	VE PR	ROVIDED ALL OF THE INF	ORMATIC	ON REQUESTED ON THIS
TO: GED OFFICE P.O. BOX 480 JEFFERSON CITY, MISSOURI 65102			DATE	
DEAR SIR:		TESTING CENTER		TEST DATE
I TOOK THE GENERAL EDUCATIONAL DEVELOPMENT (GED) TEST	TS AT			
MY DATE OF BIRTH		SOCIAL SECURITY NUMBER		
MY TEST WAS TAKEN UNDER THE NAME OF				
PLEASE SEND A TRANSCRIPT OF MY GED SCORES TO THE F	FOLLO	DWING:		
NAME				
ADDRESS				
CITY			STATE	ZIP CODE
NAME				
ADDRESS				
CITY			STATE	ZIP CODE
I AM ENCLOSING \$2.00 (MONEY ORDER) FO)R E	ACH TRANSCRIPT I	REQUE	ESTED.
SIGNATURE				DATE
IF APPLICANT IS UNDER 18 YEARS OF AGE,	, PAI	RENT MUST SIGN P	ERMIS	SSION.
PARENT SIGNATURE				DATE
NOTE: DUPLICATE CERTIFICATES are issue	ed u	pon payment of a \$^	5.00 fe	ee (money order or

cashier's check only) made payable to "Treasurer, State of Missouri."